

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10758973

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	1							
2	1						52	1							
3		1					53		1						
4		1					54		1						
5		1					55		1						
6		1					56		1						
7		1					57		1						
8		2					58		2						
9		1					59		1						
10		1					60		1						
11	1						61	1							
12	1						62	1							
13		1					63		1						
14		1					64		1						
15		1					65		1						
16		1					66		1						
17		1					67		1						
18		1					68		1						
19		1					69		1						
20		1					70		1						
21	1						71	1							
22	1						72	1							
23		1					73		1						
24		1					74		1						
25		1					75		1						
26		1					76		1						
27		1					77		1						
28		2					78		2						
29		1					79		1						
30		1					80		1						
31	1						81	1							
32	1						82	1							
33		1					83		1						
34		1					84		1						
35		1					85		1						
36		1					86		1						
37		1					87		1						
38		2					88		2						
39		1					89		1						
40		1					90		1						
41	1						91	1							
42	1						92	1							
43		1					93		1						
44		1					94		1						
45		1					95		1						
46		1					96		1						
47		1					97		1						
48		2					98		1						
49		1					99		1						
50		1					100		1						
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								